

Office Use Only
Program: _____



SunDance

509 Parliament Street
Toronto, ON M4X 1P3
www.ccdt.org schoolofccdt@ccdt.org

Office Use Only
Date rec'd: _____
Paid in full:
Receipt #(s): _____
Package sent: _____

Student Information

Application Form

Name: _____ Male Female Date of Birth: _____ Age: _____
Day/Month/Year As of July 4/08

Address: _____

Postal/Zip Code _____ Country _____ Email: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Information

Name(s): _____

Address (if different from above): _____

Postal Code/Zip Code _____ Country _____ Email: _____

Home Phone: _____ Work Phone: _____

Release Form

I hereby certify that my child is in good physical condition and is able to participate fully in this program. All current medical conditions are outlined on this form. I understand the inherent risk involved in the physical activity of dancing and I release CCDT and its teachers from liability in case of accident or injury. I understand that all classes will be conducted in the safest possible manner by trained professional instructors.

NAME OF STUDENT: _____

NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

ALLERGIES/MEDICATIONS: _____

Your contact information will remain in our possession for company/school purposes only. If you do not wish to receive future mailings, please check here

Application Form

Please complete the following:

For how many years have you trained in Ballet? _____ RAD Cecchetti Other—please specify: _____

What level of Ballet are you currently training in? _____ Number of these classes per week: _____

Last RAD examination (or equivalent) passed: _____ Date passed: _____ Result: _____

Are you currently preparing for a RAD VG exam? No Yes Level _____ Session (Summer/Fall/Spring) _____

For how many years have you trained in Modern? _____ Limón Graham Other - please specify: _____

What level of Modern are you currently training in? _____ Number of these classes per week: _____

What other forms of dance are you currently training in? _____

Name of dance school and city: _____

Name of Ballet teacher: _____ Name of Modern teacher: _____

All applications **must** be accompanied by the following:

*a recent full-length, front view snapshot of the dancer standing with one leg in tendu à la seconde, arms in 2nd position.

* a reference letter from your dance teacher.

Applications will only be considered and processed when submitted in full.

Applications will be processed in order of those received. Due to enrolment limits, application does not guarantee acceptance. A comprehensive information package will be sent approximately one month after closing date.

IMPORTANT! When accepted into the program you are reserving one of a limited number of places. Therefore all registrations are final. There will be no refunds in the event of withdrawal.

Please check the appropriate boxes and remit payment to “School of CCDT”:

Full Program Early Payment, by April 11, 2008 (\$950 CDN) Regular Payment, by May 9, 2008 (\$1,000 CDN)

Yes, I want Residence (\$990 CDN) Price includes accommodations and breakfast

OR Introductory Program Early Payment, by April 11, 2008 (\$400 CDN) Regular Payment, by May 9, 2008 (\$450 CDN)

Method of Payment: Please find my cheque enclosed Please charge fees to my VISA (\$7 additional surcharge applies)

CCDT staff will be taking photographs throughout the course of SunDance. These photographs will be used solely for the promotional purposes of the School of CCDT in upcoming years. The children will not be named in these materials. In signing the form below I waive all rights to the photographs and allow them to be used for their intended purpose. I understand that no fee or reimbursement for the images will be offered.

Signature of Parent/Guardian

NO, I do not wish photos of my child to be used.